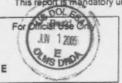
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - (1)	2. Fiscal Year Covered From: 1		
3. Name and address of person filling.			
	Name UNITE		
Name Peter Nadash	("XXX""X"X""		
	Radiffication and an artist of the second of		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 10th Floor		
Street 7-9 West Mulberry Street	Street 275 Seventh Avenue		
Cay Baltimore	City New York		
State Maryland ZIP Code + 4 21201	State New York ZIP Code + 4 10001		
5. Position in labor organization. Vice President			
monetary value from an employer whose employees your organization. S. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
A. Held an interest in, engaged in transactions (including loans) with, or d	sions set forth in the instructions):		
5. Name and address of Employer (including trade name, if any).			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signat	ure		
15. Signature and verification. The undersigned declares, under penalty of Pe	erjury and other applicable penalties of the law, that all of the information g documents), has been examined by the signatory and is, to the best of the on on penalties in the instructions.)		

Name of Person Filing Peter Nadash		File Number U- 2215		
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines stively seeking to represent, or ndirectly to, or otherwise	is		
8. Name and address of Business (including trade name, if any). Name Amalgamated Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 15 Union Square City New York State New York ZIP Code + 4 10003	9. Business deals with: X a. Labor Organiza b. Trust c. Employer	ation		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Amalgaated Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any	No stocks			
Street 15 Union Square	11.b. Approximate dollar valu	e of such dealing.	0	
City New York	12.a. Nature of interest held or income received.			
New York ZIP Code + 4 10003	\$4,500.00 in	fees		
	12.b. Amount.		\$4,500	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above)			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				

14.b. Amount of payment.

ZIP Code + 4

or Consultant

13.b. Is the Business an Employer

State